

How to access Financial Hardship support

If your financial circumstances have changed and you are unable to pay your account(s), you can request assistance by completing these three steps:

1 Complete the attached Personal Financial Summary

2 Prepare copies of your last three bank statements from the account you receive your income into and any of the following supporting documents that are relevant to your situation:

- Medical Certificates or Reports
- Centrelink Disability Statement
- Work Cover Certificate
- Medical related bills
- Statements from other creditors reflecting balances due
- Unexpected bill(s)
- Current payslip or payslip prior to income reduction
- Centrelink Statement
- Current year and prior year's tax return
- Letter from Accountant confirming income reduction
- Letter from Real Estate Agent confirming recent rent income loss

You can also provide us any other supporting documents that are relevant to your situation.

3 Email or post your form and supporting documentation to us:

- dms.au@citi.com
- PO Box 3453, Sydney, NSW 2001

Once we have received your completed Personal Financial Summary and supporting documentation, one of our representatives will contact you to discuss your situation and solutions that may be available to assist you.

Other support services available

In the meantime, you may wish to consider financial counselling. The National Debt Helpline (ndh.org.au) is a free, confidential service to assist people in financial difficulty. Qualified professionals are available to provide you with information, support and advocacy.

We're here to help

If you have any questions, please call us on 1800 722 879 between 9am and 9pm Sydney time, Monday to Friday excluding public holidays or email us on dms.au@citi.com, and we'll be happy to help.

Yours sincerely

Debt Management Solutions Team

PERSONAL FINANCIAL SUMMARY



Account Holder 1		Mobile No.	
Home Phone No.		Home Phone No.	
Occupation		Work Phone No.	
Date Of Birth		Employer	
Employer's Address		No. Of Dependants	
Home Address			

Account Holder 2		Mobile No.	
Home Phone No.		Home Phone No.	
Occupation		Work Phone No.	
Date Of Birth		Employer	
Employer's Address		No. Of Dependants	
Home Address			

LIABILITIES (OTHER INSTITUTIONS) CREDIT CARDS - LINES OF CREDIT - STORE CARDS - PERSONAL LOANS

Account Number	Type of Product	Institution Name	Balance Owing	Monthly Repayment
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
TOTAL			\$	\$

YOUR ASSETS AND LIABILITIES - HOME LOANS - INVESTMENTS - MOTOR VEHICLES - OTHERS

Assets	Institution Name/Lender	Total Current Value	Balance Owing	Monthly Repayments
Residential Property		\$	\$	\$
Investment Property		\$	\$	\$
Motor Vehicles/Boats		\$	\$	\$
Others		\$	\$	\$
Others		\$	\$	\$
Shares		\$		
Superannuation		\$		
Savings		\$		
Household Items		\$		
TOTAL			\$	\$

YOUR MONTHLY INCOME AND EXPENSES

Type of Income	Net Monthly Income	Type of Expense	Monthly Payments
Account Holder 1	\$	Rent	\$
Spouse/ Acct. Holder 2	\$	Body Corporate/Strata Fee	\$
Pension/Social Security Benefits	\$	Land & Water Rates	\$
Family Assistance/Child Support	\$	Utilities (Electricity, Gas, Telephone, Mobile, etc.)	\$
Board/Rent	\$	Food	\$
Dividends	\$	Petrol/Travel	\$
Interest	\$	Medical/Health Fund	\$
Other Income	\$	Insurance	\$
	\$	Other Expenses	\$
	\$		\$
TOTAL	\$	TOTAL	\$

REASONS FOR FINANCIAL DIFFICULTY

Are you aware of any insurances (such as Consumer Credit Insurance) you hold which may assist with your current situation? YES NO

DECLARATION

I declare that the particulars in this statement and accompanying documents are true and correct in every detail disclosing income derived from all sources. I understand that provision of false or misleading information could result in cancellation of any agreements and the initiation of legal action for debt recovery as can failure to make payments that are owing on any official arrangement.

CUSTOMERS NAME	CUSTOMERS SIGNATURE	DATE
JOINT ACCOUNT HOLDER (if Applicable)	JOINT ACCOUNT HOLDER SIGNATURE	DATE

Please return completed form and supporting documentation to the relevant area

Teams	Email Address	Mailing Address	Queries Line
Hardship	DMS.AU@CITI.COM	PO BOX 3453, Sydney, NSW 2001	1800 722 879
Collections	LM.AU@CITI.COM	PO BOX 3913, Sydney, NSW 2001	1300 301 531
Debt Recoveries	DR.AU@CITI.COM	GPO BOX 40, Sydney, NSW 2001	1300 300 097

For Mortgages, Please attach confirmation of current building insurance policy or certificate of currency & return with completed form & supporting documentation to the below

Mortgages	MTGE.COLL@CITI.COM	GPO BOX 40, Sydney, NSW 2001	1300 300 470
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